

Bon voyage: An inquiry into Australian border protection and quarantine

D Smith

Faculty of Arts and Social Sciences, University of Technology , Sydney

Abstract

This paper provides a case study for a broader investigation into why ideas such as modernity and tradition have affected the nature of quarantine adopted by the Australian health and immigration systems. It suggests the concept of quarantine is shaped by a pursuit for progress and argues that throughout Australian history, health and immigration institutions have been driven by ideas derived from reactions to modernity. These are the ideas celebrated in world awareness days and practised in everyday life in areas such as sanitation, hygiene and disease prevention. The paper has four key sections, which cover ideas that are embraced by the institutions throughout quarantine history: progress, nationalism, class discrimination and Social Darwinism. The analysis of data from academic books and journals, using methods from the fields of sociology and history lead to the conclusion that the Australian system of health and immigration is based on both the practices of the past and the modern ideals, such as “self-improvement” and the “eradication” of hindrances to the development of society.

Keywords

Quarantine, health, modernity, tradition, nationalism, immigration.

Introduction

Health cannot be understood as anything but merged formations of colonial, national and “world” politics played out on specific local ground. ([Bashford, 2006](#), p.4)

The institutions and methodologies used in health practices are constantly “shaped and reshaped” by the interaction made between “competing values and interests” and the subjective understandings of people who are “observing the process” ([Barracough & Gardner, 2002](#), p.1). From the early colonisation period until the twenty-first century, the Australian quarantine and health systems have integrated the traditions developed during the Enlightenment Period in Britain and Western Europe, including the ideals of progress towards shared values, such as freedom, reason and improvement ([Gascoigne, 2002](#)).

The changing methods and policies applied to the Quarantine Station in Manly, New South Wales, which have been influenced by such Enlightenment ideals, in the areas of quarantine, hygiene, disease management and border protection have aimed to reach a common goal of conserving and maintaining human survival and “security” (Bashford, 2006). Through a comparison between the system and policies adopted by the Quarantine Station and other quarantine institutions, it is evident that the modern values of progress, reason and improvement have been used to manage and control changing patterns of immigration to Australia, threats of invasion and acts of terrorism.

The fears and developing issues related to border protection and security have caused society to react to change through the creation and re-invention of “traditions” ([Hobsbawn, 1993](#)), including Social Darwinism, nationalism and social hierarchies. These reactions to modernity have in effect moulded the health policies of Australia to be, according to historian Alison Bashford, driven by “racial and nationalistic policies” ([Bashford](#)

[& Hooker, 2002](#), pp. 1-2). The re-establishment of “invented traditions” (Hobsbawn, 1993) of Anglocentrism and Social Darwinism in the present society can be understood through the reasons and methods used by colonial, federal and contemporary quarantine institutions, such as the Quarantine Station, to conserve and maintain human life and society. Thus health and quarantine policies and institutions are based on nationalised ideological constructs and on invented traditions.

Progress in Colonial and Contemporary Quarantine

Historians studying the issue of public health have attempted to define its origins based on the argument that the notions of “quarantine” and sanitation evident in the nineteenth century are “direct precursors to... the evolution of Westphalian systems in practice” of public health (Bashford, 2006, pp. 2-3). The history of the health and quarantine institutions in Australia is based on ideas from the Enlightenment, such as the pursuit and hope for human progress (Gascoigne, 2002, p.6). The Enlightenment period in Britain and Western Europe, were key influences to the development of institutions in Australia as reason, progress and improvement were “so deeply engrained in the attitudes of the elite that it was a natural export when the British government came to establish the penal colony of Botany Bay” (Gascoigne, 2002).

The health system had re-invented the beliefs in hope and human development as a tradition, through the practices developed by the colonisers based on “empirical” and “experimental” research completed by modern scholars and institutions (Gascoigne, 2002). The scholarly works of John Locke and Jean-Jacques Rousseau were influential to the areas of disease control and medicine, as they emphasised the importance of the ramification of human impediments towards a level of perfection, using rational and

empirical research ([Douthwaite, 2002](#)). The Quarantine Station at North Head was constructed in 1837 to improve the health and immigration system and its inefficiencies in completing on board duties of disease prevention and detection ([Cornwell & McArthur, 2008](#)). In order to prevent threats to the health and development of the colony, an integrated system of quarantine was developed at the station to isolate the “passengers... into two sections: the so-called Healthy Ground... and the Sick Ground” (Cornwell & McArthur, 2008, p.18).

The theories devised by scholars Jean Jacques Rousseau and John Locke also aimed to define how a human can be modified towards a level of perfection through their relationship with civility and social institutions (Douthwaite, 2002). The experimentations completed by the authorities in control of the Quarantine Station, apply such theories of perfection and human survival, through the adoption of methods of isolation and self-improvement (Cornwell & McArthur, 2008). The isolation of immigrants by “patrolled... boundary lines” highlights the extent to which the government applied “survival” theories to health issues and quarantine, to maintain the progress and development of the Australian population (Cornwell & McArthur, 2008, p. 18).

Another key element of progress, which was applied to the Quarantine Station related to the importance of social institutions and their adaptability to political and social changes. The scholar Peter Jones stated that the “pursuit, dissemination, control and absorption of knowledge” was fostered through the development and relevance of institutions and practices to the society ([Jones, 2005](#)). The Quarantine Station’s system, during its early stages, was criticised for “horrendous neglect and substandard medical care”, which was a significant issue during the “forcible detainment” of citizens due to the “smallpox epidemic of 1881-1882” (Cornwell & McArthur, 2008, p. 22). From this situation,

socio-political progress was achieved after the foundation of “the Board of Health” in 1882 (Cornwell & McArthur, 2008). Although this was suitable to the health of the state of New South Wales, after Federation in Australia a national board of health and quarantine was created to assist in the protection of the national population from disease and other health or security matters. This highlights the constant evolution of the institution of health to enable the conservation and development of humanity. Thus the philosophy of human progress assisted in defining and structuring the bureaucratic system adopted by the health institution to maintain the health and survival of the Australian settlements.

The remnants of the now commercialised Quarantine Station at North Head are a constant reminder of the historical origins of quarantine and border security in Australian history. Historians studying the notions of public health and quarantine, emphasise the importance of the site as it “offers... insight into” the “past and tangible representations of changing attitudes towards quarantine, disease control, race and class” (Cornwell & McArthur, 2008, p. 61). This argument highlights how the site and its history can be viewed as a marker for the progress of humanity. Although this institution highlights developments in terms of methods and attitudes towards health and immigration issues, it can offer insight into the common ideas from the past that have been maintained in contemporary institutions. Hence the Quarantine station can be used to question whether the Australian health system has re-invented the Westernised tradition of “identification” and “intervention” ([Daly, Hughes, & Hoog, 2002](#)).

The notion of health has become a global phenomenon, which applies theories of cleanliness, “containment” and “normality” to situations of threat to the national or worldwide community (Bashford, 2006). This is epitomised through socio-political expressions and practices, such as Government Campaigns (e.g. Quarantine Matters), Global

Health Days (e.g. World Health Day) and reactions to the Cold War and Post-Cold War Immigration and fear. The national and global events mentioned emphasise the importance of the progress of humanity, towards reaching common goals of conservation, survival and national security. These monuments and events celebrating healthiness, life conservation and survival, have all played a key role in both the past and present contexts (Bashford & Hooker, 2002). In his study of invented traditions, Eric Hobsbawn reiterates the idea that an “invented tradition” seeks “to inculcate certain values and norms of behaviours by repetition, which automatically implies continuity with the past” (Hobsbawn, 1993, p. 1). The repetition of methods of isolation, the ideal of medical perfection, the fear of certain levels of immigration and the recognition of conserving life have been key ideas in defining the traditional and conservative aspects of the Australian health system. Thus the notion of quarantine and health conservation, are simultaneously related to aspects of tradition and modernity.

The Nationalist Conundrum

From the creation of health and immigration institutions in Australia, the idea of “identification” has become a key element of the common Western or Australian discourses of knowledge on overcoming health issues and identifying targets (Daly et al., 2002). Areas, in which methods of identification have been applied to the field of medicine used in Australia, include health issues such as disease prevention and sanitation. The origins of forms of identification and classification of humans into racial hierarchies and healthiness is directly linked to scholarly material produced during the Enlightenment Period.

The early travel books and works of the Enlightenment thinker John Locke highlights the influence of elements of racial and social classification devised by scholars including

Francis Bacon to describe different national cultures, during the seventeenth and eighteenth centuries ([Talbot, 2010](#)). The effect of such theories, led to the creation of social experiments of conditioning, by Locke and Rousseau, in which children were used to find out whether humans could be improved through their experience in society and education in civility, in contrast to the natural and primitive condition of the human mind (Douthwaite, 2002). Such theories on the classification of humanity based on their race and level of development can also be further examined through the model of human civilisation created by Georg Hegel. Hegel “divided human civilization into four kinds, each of which” represented a “stage of the human ascent to freedom” ([Gillen & Ghosh, 2006](#), p. 33). These included: “people without history” (referring to the “uncivilized” native population), “rule by one” (‘Asiatic society’), “rule by the few” (European Feudalism, especially Eastern Europe) and “rule by the many” (encompassing Western Europe) ([Gillen & Ghosh, 2006](#), p. 33). The argument devised by Hegel on the social classification of humanity, aimed at justifying the supremacy of the Modern European male population ([Gillen & Ghosh, 2006](#)). Such social theories can be applied to the quarantine processes at North Head, as racial divisions were evident in the colonial health system. During the Gold Rush in the late nineteenth century and early twentieth century the Health Board created new “‘Asiatic’ accommodation”, which aimed at dividing the site based on race and on empirical presumptions that “the Chinese were” a “source of disease” ([Cornwell & McArthur, 2008](#), p. 31). The treatment of the Chinese workers was regarded as “scant” ([Cornwell & McArthur, 2008](#)), due to society and the institutions being “driven by... racial and nationalist politics” ([Bashford, 2006](#)). Thus race and nationalism were instituted in the health and quarantine system, due to empirical philosophies created during the Enlightenment.

Although the systematic construction of Australian society and the health

system was based on ideas of progress and rational appreciation, its links with tradition plays a key part in the functioning of the health system. Throughout the development of quarantine during the nineteenth century, the ideas of “race”, “class” and “social relations” were adopted by the Health Board, based on “British Imperial Culture”, to make distinctions “identifiable”, justify and keep “intact” the Anglo-centrism of the public health system and health care (Bashford, 2002, pp. 39-41). The celebration of Australia Day during the early years of federation and the use of the British National Anthem ‘God Save the King’ highlights the relationship the system had with ethno-politics and the Anglo-Saxon population. The nationalism, which according to Alison Bashford drove Australian “politics” (Bashford, 2002), had a key effect on health and quarantine laws as stereotypes of “Asiatic Migrants” were established, which caused them to face poorer conditions and harsher quarantine methods (Cornwell & McArthur, 2008). The combination of “phenol” and “water” in the showers, a decontaminant which “burnt the skin”, was a clear method used on lower class and non-Anglo immigrants in a “less private” and “more traumatic” manner (Cornwell & McArthur, 2008, p. 34). The use of harsher methods of quarantine on Chinese immigrants is an example of how the fear of “unemployment” and invasion rising, was racially driven ([Williams, 1999](#)). This re-affirms how modernity and reactions to change have created paradoxes in the policies used by health institutions, such as the North Head Quarantine Station.

Within the contemporary context, the methods of quarantine and disease prevention have progressed technologically and medically, through the development of immunisation and cures to common diseases and illnesses (Cornwell & McArthur, 2008). However the instituting of ideas of racial classification and distinguishing between the “healthy” and “the other” are prevalent in contemporary society (Barraclough & Gardner,

2002). From situations and experiences of disease, death and military conflicts, the human populations across the world have all attempted to perfect the environmental and human condition to maintain its survival. This idea was furthered during the Enlightenment period and the instituting of modernity, as it attempted to allow humanity to “break free from the shackles of immaturity” ([Kant, 1784](#), p. 481). The elements of “ethno-politics” derived from the past have been reformed in only certain aspects including multiculturalism. Furthermore these traditional aspects of the ethno-health policy are epitomised in the policies devised under the leadership of Prime Ministers such as John Howard. In reaction to the events of 2001, such as Post 9/11 and the “Tampa Bay Crisis”, Howard reiterated the tradition of ethno-nationalism through his policy being that it was “Australia’s right to ‘decide who comes into this country and the circumstances in which they come’” ([Devetak, 2004](#), p. 107). In Richard Devetak’s article on the human rights issue of border protection, he argues that the elements of “fear” and “nationalism” have been reinvented to create a level of “Islamaphobia”, due to acts of terrorism internationally, such as the Bali Bombings and the bombing of the World Trade Centre (Devetak, 2004). In accordance with modernity and ethno-politics, the “politics of disease control concerns the governance of ‘this side’ and crucially ‘that side’ of the border as well” (Bashford, 2006, p. 2).

The differentiation between the two sides of the border highlights the fear, which in turn leads to society’s relying on past solutions to such issues. According to Eric Hobsbawm’s in times of drastic “change”, a “social cohesion” will establish and legitimise “institutions...of authority” based on the historical “inculcations of beliefs, value systems and conventions of behavior” against “racial innovation” and “liberal ideology” (1993, pp. 8-9). The effects of racial policy on the health and quarantine system, can in effect lead to the creation of ethno-national politics and a difference in the quality of the experiences of quarantine. The

experiences faced by refugees of the quarantine and border protection institution, are inextricably linked to ethno-politics and the occurrence and reaction to past events. Hence periods of socio-political instability and revolutionary change have affected areas such as quarantine and border protection due to the maintenance of traditional racial generalisations and assumptions.

The Australian Class System

The notion of class has played a significant role in determining the health system of Australia in the nineteenth and twentieth centuries, due to the pre-existing barriers and ideas being embraced from traditional social hierarchies and the Enlightenment. According to Marxist theory, “the history of all hitherto existing society is the history of class struggles” or *klassenkampf* ([Marx & Engels, 2011](#)). Theories provided by Marx, highlight how in all capitalist societies, there is a “social relation” between the means of “production” and the owners, based on “collective social expression of the fact of exploitation” ([de Ste. Croix, 1984](#), pp. 99-100). Within the constructs of the health institution the relationship between classes based on exploitation is derived from the quality of quarantine and health services. According to research from historians on the Quarantine Station, “the advent of steam powered vessels led to a more distinct class division on board ships” and in 1876 “accommodation for First Class Passengers had been completed”, creating divisions based on the class, which they travelled in to Australia (Cornwell & McArthur, 2008, p. 22). Furthermore, according to Cornwell and McArthur (2008), the level of priority in quarantine in Australia was based on the passenger’s “health and class status”. The class distinction between immigrants, residents and visitors highlights the key ideal of individualism and “self-improvement”, which is derived from the Enlightenment period (Gillen & Ghosh,

2006). The idea of “self-improvement”, as described by Immanuel Kant (1784, pp. 481-482), is “man’s emergence from his self-imposed... inability to use one’s understanding” and strive for improvement. The creation of class and wealth inequality is derived from the need to improve one’s own life and to focus on also individual gain. Hence the notion of class has determined the level of service and quality of public and private health in both nineteenth and twentieth century Australia, due to forms of knowledge derived from the Enlightenment and Modernity.

The modern appreciation of ‘self-improvement’ (Gillen & Ghosh, 2006), has remained prominent in the capitalist system in Australia, however in the sector of health liberal reforms to health and quarantine policies has assisted in the deconstruction of class discrimination in health care practices. In contrast to the elements of class evident in the past public health care systems, the late twentieth century, has seen a reduction in the barriers between the bourgeoisie and proletariat, through the introduction of ‘Medicare’, public health benefits for the occupying population and the creation of a level of equality in experiencing quarantine (Barraclough & Gardner, 2002). The adoption of liberal and socialist philosophies such as the questioning of “inequality” ([Dunn, 2009](#)) has delineated the quarantine system, to be determined not by class but rather other factors. Although there is some level of equal public health care, according to the historian Alison Bashford there is a great level of:

Unequal distribution of benefits of modern medicine and public health... (which) marks the division between North and South... (and) West and East possibly more starkly than any other factor. (Bashford, 2006, p. 1)

The reliance of the health system on monetary exchange has caused society to be linked to the capitalist system, which Karl Marx defines as the “means of production” and the “exploitation of one part society by the other” (Australian National University Online, 2011). The system of “exploitation” and the ideas of “class struggle” (Marx & Engels, 2011) pre-exist in the health system due to the reliance on the ideal of ‘self-improvement (Gillen & Ghosh, 2006) and the reliance on money to survive.

Health as a Global and Westernised Tradition

The intense twenty-first century manifestations of defensive nationalism, disease... global flows, supranational surveillance technologies, (and) actual and imminent world pandemics, suggest a need to think about the provenance of these connections, their effects on the past and to temper assessments of their alleged novelty. (Bashford, 2006, p. 2)

The notions of quarantine and health, although prevalently modern ideas, can be interpreted as having elements of tradition globally and nationally, as the methods applied towards maintaining human survival apply to both historical and current ideas or discourses. Curing diseases and human perfection are idealised and employed as a popular discourse globally. In defining tradition, it is a “set of practices” that contributes to the creation of a social, political, economic and cultural identity and creates a system of ‘communication’ and “interaction” between “individuals”, “communities” and “groups” (Hobsbawn, 1993, pp. 8-9). This theory is linked to the notions of health, quarantine and border protection as the “procedures” conducted at the “borders” are “more than abstract lines... but a set of practices” that identify and distinguish the healthy from the ill and diseased (Bashford,

2006, p. 7). The expression of the progress and development of humanity and science, through global and national events (e.g. World Health Day), demarcates how the system of progress and self-improvement devised from modernity, has become a set of practices repeated globally. Hence the practice of health has become an “invented tradition” and practice, in relation to the theory devised by Eric Hobsbawn (1993).

Concluding Matters

The global phenomenon of maintaining the health and security of the human population is devised from both historical practices and the ideals related to progress and modernity. These ideas are celebrated in world awareness days and practised in everyday life practices, including sanitation, hygiene and disease prevention. The mindset of health consciousness has relied on the conservation of human “self-improvement” (Gillen & Ghosh, 2006) and the “eradication” (Bashford & Hooker, 2002) of impediments to human development. It is an ideology based on searching for “reason” (Kant, 1784, p. 484) and developing medicine to cure human conditions and diseases. Within the national context, the Australian public health and border protection institution has been driven by progress. However socio-economic changes in immigration, security and the economy have caused traditions of ethno-politics, class divisions based on Capitalist structures and Social Darwinism to develop. Thus it can be argued that health is a product of the discourses and forms of knowledge, devised from both embracing and reacting to modernity.

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